

AQA Principles for Reporting to Clinicians and Hospitals¹

The AQA recognizes that reporting information to clinicians on their respective performance is critical for improving quality and patient safety as well as promoting accountability. The following principles are designed to guide the reporting of such information to clinicians and hospitals. These principles reflect the importance of assuring that clinicians receive valid, reliable, and useful information so they can most effectively assess and improve their performance, and meet/exceed agreed-upon targets. They also emphasize the need for physician engagement in the design of reports.

Recognizing that consumers, purchasers and other stakeholders also need better information to enable them to make informed decisions about treatment, coverage and other matters related to their health care, a separate set of principles has been developed to guide public reports.² The principles set forth in this document should be considered in conjunction with these other principles as well as principles for performance measurement,³ and data sharing and aggregation⁴ which the AQA has already endorsed.

Content of reports

1. Reports should focus on areas that have the greatest opportunities to improve quality by making care safe, timely, effective, efficient, equitable and patient centered.
2. Reports should rely on standard performance and patient experience measures that meet the AQA Principles for Performance Measurement (e.g., measures should be evidence-based, relevant to patient outcomes, statistically valid and reliable).
3. Reports should include overall composite assessments of individual clinician or group performance as well as assessments of the individual measures used for the overall composite assessment (e.g., quality or cost of care).
4. Performance data should, when available, reflect trend data over time rather than periodic snapshots to optimize data use for quality improvement. Measures used for trending should be stable (e.g., the data definitions or collection methodology do not change between intervals) unless there is compelling evidence or a justifiable reason not to be.

¹ A previous version of these principles was initially endorsed by AQA as a Beta set of principles on 4/29/05.

² AQA developed separate sets of principles for reports to providers and for reports to consumers, purchasers and other stakeholders due to differences in these reports' purposes, content and formats.

³ AQA Parameters for Selecting Measures for Physician Performance

⁴ AQA Data Sharing and Aggregation Principles

Transparent methods

5. Data specifications for reported performance data, such as sample size and methods of data collection and analysis, should be explicit and disclosed to physicians and hospitals.
6. Clinicians whose performance is reported should be able to review and comment on the methodology for data collection and analysis (including risk adjustment). Clinicians and hospitals should be notified in writing in a timely manner of any changes in program requirements and evaluation methods.
7. Sponsors of reports should also make the performance results available to clinicians for review prior to any public release. In order to improve the accuracy of reports, mechanisms need to be in place to verify and correct reported data.
8. To the extent possible, results should accurately reflect all services that are accountable in whole or in part for the performance measured. Attribution should be explicit and transparent.

Portrayal of performance differences

9. Results of individual clinician or group performance should be displayed relative to peers. Any reported differences between individual providers or groups should include the clinical relevancy of the findings.

Report design and testing for usability

10. Practicing physicians should be actively involved in the design of performance reports.
11. Report formats should be designed to be user-friendly and easily understood, and should be pilot-tested before implementation.
12. Data displays in reports should highlight meaningful and actionable differences in performance.
13. Reports should be continually improved so that they are increasingly effective and evaluated for potential unintended consequences.

Collaboration

14. Clinicians and hospitals should collaborate to share pertinent information in a timely manner that promotes patient safety and quality improvement.